

50
JCWSCS 24 MAY 2004

FILE COPY

NO. 6547 P. 1

MAY. 21. 2004 3:11PM LVM 312 616 5700

LAW OFFICES

LEYDIG, VOIT & MAYER, LTD.
TWO PRUDENTIAL PLAZA, SUITE 4900
CHICAGO, ILLINOIS 60601-6780

TELEPHONE: (312) 616-5600

TELECOPY: (312) 616-5700 (G3)
(312) 849-0495 (G4)

FACSIMILE COVER SHEET

DATE: MAY 21, 2004

NUMBER OF PAGES (INCLUDING
THIS TRANSMITTAL COVER SHEET): 4

TIME:

OUR REFERENCE: 225660

FROM: JOHN M. AUGUSTYN
REGISTRATION NO. 33,589

DIRECT LINE:

TO: U.S. PATENT AND TRADEMARK OFFICE
OFFICE OF INITIAL PATENT EXAMINATION'S FILING RECEIPT CORRECTIONS

TELEPHONE NUMBER:

FACSIMILE NUMBER: 703 746-9195

IN RE APPLN. OF: DIMITRY G. GRABBE
SERIAL NO. 10/755,767
FILED: JANUARY 12, 2004
FOR: TOOL AND METHOD FOR FORMING A MULTI FIBER
FERRULE
GROUP ART UNIT: 2872
EXAMINER: NOT YET ASSIGNED

A confirmation copy of the transmitted document will:

☒ Not be sent. This will be the only form of delivery of the transmitted document.

The information contained in this facsimile transmission is intended only for the use of the individual or entity named above and those properly entitled to access to the information and may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If the reader of this transmission is not the intended or an authorized recipient, you are hereby notified that any unauthorized distribution, dissemination, or duplication of this transmission is prohibited. If you have received this transmission in error, please immediately notify us by telephone or facsimile. Thank you.

PATENT
Attorney Docket No. 225660

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Dimitry G. Grabbe

Group Art Unit: 2872

Serial No. 10/755,767

Examiner: Not Yet Assigned

Filed: January 12, 2004

For: TOOL AND METHOD FOR FORMING A
MULTI FIBER FERRULE

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents
Alexandria, VA 22313-1450

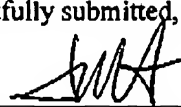
Attention: Office of Initial Patent
Examination's Filing Receipt Corrections

Dear Sir:

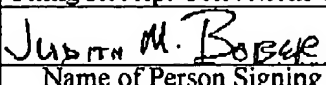
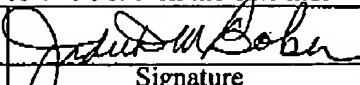
The Filing Receipt for this application has an incorrect date. The correct date should be January 12, 2004. Enclosed is a copy of the Filing Receipt with the correction noted thereon. Also, enclosed is a copy of the Express Mail receipt demonstrating that the application was filed on January 12, 2004.

Please issue a Corrected Filing Receipt.

Respectfully submitted,


John M. Augustyn, Registration No. 33,589
One of the Attorneys for Applicant(s)
LEYDIG, VOIT & MAYER, LTD.
Two Prudential Plaza, Suite 4900
180 North Stetson
Chicago, Illinois 60601-6780
(312) 616-5600 (telephone)
(312) 616-5700 (facsimile)

Date: May 21, 2004

Certificate of Transmittal by Facsimile		
I hereby certify that this Request for Corrected Filing Receipt and all accompanying documents are being transmitted by facsimile to the Office of Initial Patent Examination's Filing Receipt Corrections at 703 746-9195 on the date indicated below.		
		May 21, 2004
Name of Person Signing	Signature	Date



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/755,767	01/13/2004	2872	770	225660	8	18	2

23460
LEYDIG VOIT & MAYER, LTD
TWO PRUDENTIAL PLAZA, SUITE 4900
180 NORTH STETSON AVENUE
CHICAGO, IL 60601-6780

CONFIRMATION NO. 1253

FILING RECEIPT

OC000000012381767

Date Mailed: 04/16/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Dimitry G. Grabbe, Middletown, PA;

LEYDIG, VOIT & MAYER
RECEIVED

Assignment For Published Patent Application

Cinch Connectors, Inc., Lombard, IL;

APR 20 2004

PAT/TA Due Date

Noted

Domestic Priority data as claimed by applicant

This application is a DIV of 09/308,991 07/19/2001 PAT 6,695,488

Foreign Applications

If Required, Foreign Filing License Granted: 04/16/2004

Projected Publication Date: 07/29/2004

Non-Publication Request: No



LAH

Early Publication Request: No

Title

Tool and method for forming a multifiber ferrule

ARH

 EV 336874692 US		Customer Copy <small>18041 11-F June 2002</small>	
 EXPRESS MAIL UNITED STATES POSTAL SERVICE®		Post Office To Addressee	
ORIGIN (POSTAL USE ONLY)		DELIVERY (POSTAL USE ONLY)	
PO ZIP Code 60601-3	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Date In 12/04	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 2 PM	Postage \$ 13.65	Delivery Attempt Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee \$	Delivery Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Weight lbs. 6	M11 Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials JLL	Total Postage & Fees \$ 13.65	<input type="checkbox"/> WARRANT OF SIGNATURE (Domestic Only) Additional insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature substitutes for proof of delivery.
CUSTOMER USE ONLY METHOD OF PAYMENT Express Mail Corporate Acct. No.		Federal Agency Acct. No. or Postal Service Acct. No.	
FROM: (PLEASE PRINT) LEVOIS VOIT MAYER 150 N STETSON AVE STE 4900 2 PRUDENTIAL PLAZA CHICAGO IL 60601-6745 225660 - JMA		TO: (PLEASE PRINT) AS COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA VA 22313-1450	
PRESS HAND. You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com			